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TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
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Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: **HEPATITIS A DISEASE**

On October 25, 2005, your Board directed the Department of Health Services to coordinate with the Departments of Public Social Services, Mental Health, and Children and Family Services to: 1) work to ensure availability of all appropriate health and medical services to mitigate the threat of hepatitis A outbreaks on skid row; 2) ensure that procedures are in place for County staff to follow if exposed to hepatitis A; and 3) report back on this issue as part of the overall action plan being prepared to further assist families and individuals on skid row. This is an update to our report on November 17, 2005.

BACKGROUND HEPATITIS

Since our last report, the number of acute hepatitis A cases peaked and is now declining. All areas of the County have been affected. There were a total of 311 confirmed cases from August 2005 to January 16, 2006, compared to just 119 confirmed cases from August to December 2004. At the beginning of 2005, Public Health adopted the Centers for Disease Control and Prevention/Council of State and Territorial Epidemiologists case definition for acute hepatitis A which is more specific than the previous one applied for surveillance. After the adoption of this case definition, the number of confirmed cases of acute hepatitis A dropped significantly by 70% for the first 7 months of 2005 versus the first 7 months of 2004. Therefore, the increase in confirmed cases in 2005 occurring after August is highly significant. The number of new cases reported per week peaked in November (51 cases between 11/14 and 11/20) and has been slowly declining since then (29 cases between 1/2/06 and 1/8/06). Compared to 2004, the 2005 cases are younger (median age 36 years in 2005 versus 49 years in 2004) and

more likely to be male (59% versus 42% in 2004). All but five of the 24 health districts saw an increase in the number of acute hepatitis A cases since August compared to 2004, but Central and West Health Districts saw the highest increases (13% and 12% of all cases, respectively).

In addition to the generalized increase in hepatitis A, investigation by Public Health has identified five discrete clusters of hepatitis A, including patrons of a restaurant in mid September (15 cases), employees at a work site in October (18 cases), workers at a restaurant in November (5 cases; no ill patrons identified), and patients at a drug treatment facility (2 cases). The increase in cases amongst the homeless since our report in November may be due to our outreach efforts (see below). Since August, of the 45 people identified as homeless or who live in transient housing who were reported with acute hepatitis A, 32 cases were confirmed. Of the confirmed cases, 17 were reported from Central Health District. Most (23 of 32) of the homeless cases had onset in September and October 2005.

INVESTIGATION AND RESPONSE

Since October 2005, when the increase in hepatitis A was first noted, Public Health has taken proactive steps to investigate and control the outbreak. Our outreach efforts to homeless service providers were detailed in our report of November 14. Briefly, we specifically targeted administrators of homeless shelters and medical clinics, providing information on sanitation, health education, and laboratory diagnosis. The Public Health Laboratory provided free testing for downtown clinics. We also sent electronic notices to physicians, homeless service providers, and other healthcare providers across the County alerting them to the increase in hepatitis A and to consider hepatitis A when a patient presents with typical symptoms of the disease.

Early recognition of hepatitis A allows for appropriate post exposure prophylaxis with Immune Globulin (IG) to be given to close contacts. IG, if given within two weeks of exposure, is very efficacious in preventing disease. Public Health provided IG to the residents of a homeless mission in October because two resident-workers were diagnosed with acute hepatitis A. In December, Public Health also provided over 700 doses of IG to patrons of a restaurant because five employees of that establishment were stricken with acute hepatitis A. Public Health also provided IG to more than 50 clients of a residential drug treatment facility in December after two patients were diagnosed with acute hepatitis A.

Our investigations into the origin of these outbreaks have been inconclusive. Public Health performed a sequential digit-dialed case control study of persons with acute hepatitis A who became ill in October. Eating downtown was associated with acquiring hepatitis A for October cases, although no specific restaurants were implicated. Lettuce was identified as the probable source of hepatitis A infection on the work site investigation. Public Health disseminated a press release in November emphasizing to consumers the importance of washing all produce well. No clear source was identified for either restaurant outbreak. Sporadic November hepatitis A cases (not linked to any obvious exposure) continue to be investigated. An investigation at the drug treatment center where two cases of hepatitis A were discovered failed to identify a common source and found no additional cases.

Hepatitis A is known to occur in cycles usually lasting several years. Our last peak was in 1996 and since then, the number of hepatitis A cases has been slowly decreasing. In 1999, the hepatitis A vaccine was recommended by the Advisory Committee on Immunization Practices

(ACIP) for all children over two years of age living in the states with the highest historical rates of hepatitis A, including California, and for all persons in high risk groups (overseas travelers, drug users, etc). Since 1999, hepatitis A vaccine has been offered to children in the federal Vaccines for Children Program at no cost to children in Los Angeles County who are two years of age or older. Subsequent to this policy, the number of hepatitis A cases was at its lowest level in Los Angeles County and nationwide in 2004. Despite the increase in hepatitis A cases in the latter half of 2005 in the county, the total number of cases of acute hepatitis A in 2005 (tentatively estimated at 359) is only one-third of what was reported in 1999 (1,120 cases) because of the overall decline in hepatitis A. The ACIP has recently recommended that all children across the United States receive hepatitis A vaccine at the age of 12 months and Public Health will offer vaccine according to these new recommendations.

Despite the increase of hepatitis A across the County, there are no additional identified risk groups for acquiring acute hepatitis A currently in the County, other than the previously described outbreaks related to restaurants and a caterer, and the known risk groups of overseas travelers, men who have sex with men, and illegal substance users. Public Health has a supply of adult hepatitis A vaccine and will make this available to health districts for their high risk clients.

If you have any questions or need further information, please let either of us know.

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c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors